

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1137  
237

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4425 BELL</u>				d. STREET ADDRESS (If rural, give location) <u>4425 BELL</u>			
3. NAME OF DECEASED (Type or Print) <u>LEONARD</u>		a. (First)		b. (Middle) <u>ZENAS</u>		c. (Last) <u>GRAHAM</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 24, 1864</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN SHOP</u>		9. AGE (In years last birthday) <u>86</u>		11. BIRTHPLACE (State or foreign country) <u>HIGGINSVILLE, MISSOURI</u>	
13a. FATHER'S NAME <u>JOHN WILLIAM GRAHAM</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA ELLEN DUNKAN</u>		14. NAME OF HUSBAND OR WIFE <u>NANNIE GRAHAM</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOTTIE KING, KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Lesion</u> (b) <u>Diagnosed cancer in abdomen</u> (c) <u>Auto infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH OF DISEASE <u>1 or 2 yrs</u> <u>a year</u> <u>410X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>about 1949</u> , to <u>Jan 16</u> , 19 <u>51</u> that I last saw the deceased alive on <u>Jan 3</u> , 19 <u>51</u> , and that death occurred at <u>7:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Graham</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>518 Argyle Bldg. K. C. Mo.</u>		23c. DATE SIGNED <u>Jan. 17, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROLAND R. SPEAKS</u> ADDRESS <u>INDEP. MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

Licensed Embalmer No. 3604

P. O. Address Indpls Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.